

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32264

FILED SEP 28 1943
Registration District No. 4

Primary Registration District No. 3252

Registrar's No. 295

1. PLACE OF DEATH:

(a) County: Pettis
(b) City or town: Sedalia, Mo.
(c) Name of hospital or institution: Sisters Home 41301 E 10th St
(d) Length of stay: In hospital or institution: 90 days
In this community: years, months or days

3. (a) PRINT FULL NAME: EMMETT FRANKLIN OSWALD

3. (b) If veteran: ☒ 3. (c) Social Security name war: No. ☒

4. Sex: M 5. Color or race: W 6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Catherine M. Oswald 6. (c) Age of husband or wife if alive: 32 years

7. Birth date of deceased: 5-32-1885 (Month) (Day) (Year)

8. AGE: Years: 58 Months: 3 Days: 20 If less than one day: hr. min.

9. Birthplace: Cooper Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Barber

11. Industry or business:

12. Name: Louis H. Oswald

13. Birthplace: Hermann (City, town, or county) (State or foreign country)

14. Maiden name: Frances Thomas

15. Birthplace: Cooper Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Ralph Oswald

(b) Address: Sedalia, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-14-43 (Month) (Day) (Year)

(c) Place: burial or cremation: Crown Hill Cemetery

18. (a) Signature of funeral director: L. F. Barker

(b) Address: Ottaville, Mo.

19. (a) 9/14/43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Cooper
(c) City or town: Ottaville Mo.
(d) Street No.: -
(e) Citizen of foreign country? (Yes or No) No
If yes, name country:

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept day: 12 year: 1943 hour: 330 minute: P M.

21. I hereby certify that I attended the deceased from Sept 8 to Sept 12 1943
that I last saw him alive on Sept 12 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis Chronic 1 yr

Due to:

Due to:

Other conditions: 93d (Include pregnancy within 3 months of death)

Major findings: Of operations:

Of autopsy:

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work: (d) Means of injury: M10

23. Signature: A L Walter (M. D. or other)

Address: Sedalia Mo Date signed: 9-12-43

RECEIVED
District Health Officer No. 8,
District File Number _____
Date Filed 9-27-43
SEP 29 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____
Myself
working under my personal supervision.

Signed L. L. Parker

Licensed Embalmer No. 2547
P. O. Address Bunceton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.